

FAMILY-CENTERED EARLY INTERVENTION:

*A Routines-Based Approach to Planning and Service
Delivery*

**USING THE NEW IFSP FORM
(Beginning 1/1/05)**

Agenda

- 9:00 - 9:30 Review of Consultative Service Delivery
- 9:30 -10:30 Writing Family-Centered Outcomes
- 10:30-11:30 Completing the IFSP form
- 11:30-12:30 Lunch
- 12:30-2:30 Completing the IFSP form continued
- 2:30 – 3:00 Questions and Wrap-up

Participant Outcomes

- All participants will:
 - Review Family-Centered Consultative Service Delivery
 - Review the new IFSP form and instructions
 - and
 - **Service Coordinators will:** Participate in an IFSP study sample (pre and post)

Family-Centered Philosophy

- A. Family is the constant
- B. Parent-professional collaboration
- C. Information shared in unbiased, supportive manner
- D. Supporting family, not professional goals
- E. Individuality of families recognized
- F. Encouraging parent-to-parent support
- G. Intervention is responsive and flexible to family needs
- H. Respect for cultural differences

Brown, Thurman, & Pearl, 1998

Goals of Early Intervention

- Enable children to achieve optimal function and interaction within their home and community
- Support families who have children with delays or disabilities so they can participate in typical home and community activities in a variety of ways

Consultation is...

- “Providing expert or professional advice”

-Webster's Dictionary

- Triadic helping process in which the consultant (special instructor or therapist) provides services to the child through a parent or caregiver.

-File and Kontos, 1992

What it is NOT...

- Decrease in intervention
- Teaching other professionals to design or prescribe an intervention outside their discipline
- Response to decrease in funding
- Giving up your area of expertise to a person of another discipline
- Changing families into professional interventionists

What Consultation Looks Like

- Early intervention professionals will work more with families than with children.
McWilliam, 2000
- Service providers will focus on family defined needs rather than test results alone.
Cripe and Venn, 1997
- One primary service provider sees the family frequently, with infrequent visits from other providers.
Kochanek and Buka, 1998

Why Use Consultation?

- Hands-on services impedes opportunities for families to learn and practice new interventions.
(Hanft & Pilkington, 2000)
- Facilitates the generalization of skills. *(Keilty, 2001)*
- Less intrusive to families, but not less supportive.
- Intervention can occur all of the time!
(McWilliam, 1998)
- Families are more likely to follow through
(Bernheimer & Keogh, 1995)
- Makes effective use of available personnel
- Builds skills of professionals and families
- Enhances resources for problem-solving
- Families are empowered!

Dunn (1990)

- Compared direct, hands-on occupational therapy to consultative therapy
- Pre-K and Kindergarten children were randomly assigned.
- Children who received only consultative therapy achieved as well as those who received direct therapy.

McWilliam (1995)

- Child progress is a distal outcome
- Family Support is the proximal outcome
- Found that consultative services were effective in changing child development
- Results associated with pull-out therapy were less effective than therapy delivered within routines.

Dunst (1999)

- Studied the relationship among many variables including parenting support, child progress, number of services, frequency of child contact, and family-centered practices with 575 families.
- Parenting supports positively accounted for 52% of change in child progress.
- Frequency of child contact negatively accounted for 15% of variance in parenting supports.
- The only variables positively associated with parenting supports were family-centered practices and personal control.
- **Dunst currently has other studies underway that are demonstrating the same relationships.

The New IFSP Form

- Pull out your training copy of the new IFSP form and instructions
- We will review those page-by-page

Cover Page Page A

- Completed during early contacts with the family
- Reviewed for accuracy at IFSP meeting
- Components explained to family at IFSP meeting
- New page filled out for each IFSP meeting.

Medical Information Page B

- Completed during early contacts with the family and healthcare providers
- Explain why this information may be useful to the IFSP team
- Reviewed for accuracy at IFSP meeting
- Must include a review of pertinent medical records
- Fill out new page for each IFSP meeting
 - Transfer information that is unchanged to a new form and add any new information

Present Level Page C

- Comes from a variety of sources:
 - family and caregiver interviews
 - evaluation
 - assessment
 - progress reports
 - input at IFSP meeting
- Avoid professional jargon
- Focus on pivotal or critical skills
- Some of this information will be available from routines-based interview

Family and Childcare Routines Page D

- Complete during early contacts with family
- Adapted from Robin McWilliam's (1992) *Routines-Based Interview*
- Face-to-face interview is strongly preferable
- Explain why this information is helpful and that it is voluntary
- For each routine listen to family's information about engagement, independence, and social relationships
- Copy additional pages to continue if more space is needed

Addressing Priorities and Concerns Pages E & F

- Cornerstone of the IFSP
- Find out family priorities and concerns in the beginning.
- Address priorities and concerns again after sharing Evaluation & Assessment information.
- Don't wait until the day of the IFSP.
- Share priorities and concerns with the IFSP team so they can brainstorm ways to support.
- Translate priorities and concerns into outcomes with family's help.

Completing Priorities and Concerns Pages

- Use Routines-Based Assessment.
- Complete the appropriate IFSP forms before the meeting.
- Present to team members before IFSP.
- Team members develop 2-3 procedures to support each concern, using family resources when possible.
- Allow family to choose their level of involvement at the meeting.
- You offer support when you get to outcomes pages.

Family Priorities and Concerns Page E

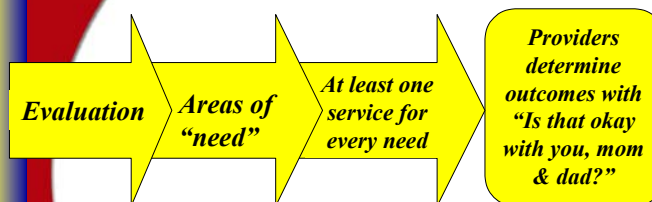
- Help the family reflect on early conversations and the discussion on routines to complete this page.
 - “It sounds like bath time is not an enjoyable time.”
 - “Rachel really seems to enjoy floor time!”
- Complete immediately following the interview on routines recording the information gathered during the interview.

Family Priorities and Concerns Page F

- Completed before the IFSP meeting and shared with IFSP team members
- Assist the family in summarizing their priorities and concerns for their child and family
- Remember child development is only one part of what early intervention addresses
- Should be phrased in the family's language
 - “Shelley wants Rachel to be able to use words or gestures to tell her when she needs her attention or help.”
 - “Stacy wants more information on transition when Bradley turns 3.”
 - “Christy is concerned about the safety of their neighborhood and its effects on Thomas.”
- Ask the family to rank the importance of each priority or concern. More than one can “tie.”

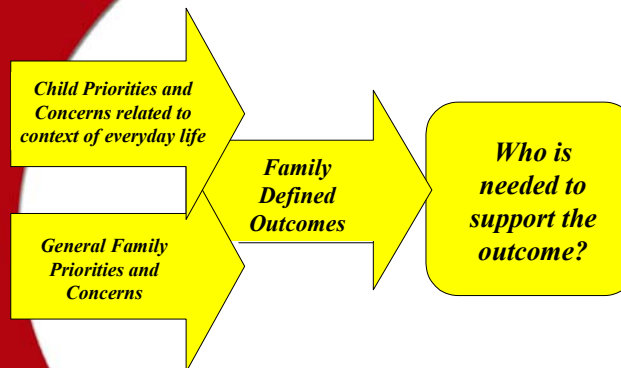
Outcomes Page G

Old way to determine outcomes/services...



Outcomes Page G

Newer way to determine outcomes/services...



Outcomes Page G

- Completed at the IFSP meeting but thought about ahead of time.
- Reviewing each of the family's priorities and concerns, suggest a potential outcome.
- Allow family to lead discussion of this portion if they would like.
- More than one outcome may be needed to address a single concern or priority, or one outcome may address multiple concerns/priorities.
- Outcomes should be phrased in family friendly language and be measurable, functional, and directly related to a family priority or concern.
 - Measurable doesn't necessarily mean 4/5 trials -- not family friendly
 - Measurable means we have some criteria to know we've met the outcome

Writing Outcomes

- Jargon isn't impressive, it's intimidating
- Related *directly* to a family priority or concern
- Stated as an outcome
- Ideas and Strategies can be professionally driven but *directly* support a family outcome
- Address skill not task (If they come from routines, they will.)

Outcome Components

Outcomes that address child development include 4 components:

- Defining the target behavior/skill
- Describing rationale for the objective
- Identifying the circumstances
- Determining the criterion for success

Writing Outcomes

- **Behavior**
 - What do we want the child or family to do?
- **Rationale**
 - Why?
- **Circumstance**
 - How or with what help or under what condition?
- **Criteria**
 - How or when will we know we are successful?

Outcome Writing Practice

1. My child sees a lot of doctors. I am very stressed about the amount of time I spend traveling to appointments. I feel like a secretary/taxi.
2. Everyone is afraid of my child because of her health. No one, not even my husband, will keep her alone.
3. My child cries every time we go on outings in public.
4. I want my 15-month old to begin potty training.
5. We are considering moving to get the best education for our child. How do I pick the county with the best school system?
6. I am ready for my child to eat with utensils instead of his hands.
7. No one in my family thinks my child is delayed.
8. My child care center wants to keep my 15-month-old in the infant room next year because she can't walk.

Measurable?

1. Trey's communication will improve
2. Tamika will be able to walk most of the time without falling or holding onto something for at least a week so she can move about the house safely.
3. Spencer will initiate play with his peers at the mother's day out program by approaching them and talking to them at least 3 times a day, so he can develop new friendships and play with others.
4. Katie will develop better feeding skills so her family can enjoy mealtimes more.

Ideas and Strategies

- Highlight any strategies the family is already using
- Clearly make use of **existing family supports and resources** in delivery of intervention strategies.
 - Jordan's mom and dad will continue to list the foods he enjoys eating most and has the easiest time eating.
 - Jordan's mom and dad will talk to his pediatrician about their nutrition concerns and get suggestions for maintaining his weight and progressing to solid foods.
- Clearly indicate the role of **information sharing**
 - Sharon will share positioning and handling strategies with the family and childcare providers that they can use at meal times with Jordon.
 - Laurie will watch Jordon at a meal time to learn more about the way he eats; She will suggest strategies the family can use at meal and snack times to increase his ability to chew and swallow solid foods.

People who will help

- People who will help should be only those needed to help with this outcome.
- Be careful not to duplicate roles.
- Think about the roles of the generalist (e.g. DI) and specialist (e.g. PT, OT, ST) and what configuration is most appropriate and least intrusive to the family.

Deciding Who

Outcomes must be decided first.

To determine who – teams can consider:

- Is development related to the outcome a *delay* or developmental *deviation*?
 - *Delay* - like a younger child
 - *Deviation* - not on the typical trajectory of development
- Who is *needed* to support each outcome?
- What is the team configuration that leads to the minimum number of people *needed* to support all outcomes?

Deciding Frequency

- How often will the child's development related to the outcome *change*?
- How comfortable is the family with implementing intervention?
- Primary service provider should know enough about all developmental needs of child they serve to recognize need for additional supports.

Outcomes

Page G

- If there are changes to the ideas and strategies, keep the same outcome number.
- If change is needed to the outcome statement, give it a new outcome number.
- Outcomes are not developed to maintain services, only in response to family priorities and concerns.
- Even when an outcome must be changed or modified, it must relate directly and clearly to a family priority or concern.

Outcomes - continued

Family Review section

- Family summarizes progress toward outcomes
- Completed at the end of the 6 month plan.
- 5 options available

Transition

- Regulations about timing of the Transition Conference have changed:
 - Was at the IFSP nearest the second birthday
 - Now held a minimum of 6 months to 90 days prior to the child's third birthday

Transition Page H

- **Complete at the IFSP meeting.**
 - Purpose/Process
 - Mandatory Conference VS other
 - Team concerns related to process
 - Instructions Page
 - Outcomes – Wants
 - Scenario
 - Strategies/Activities
 - Small Group Brainstorm

Transition Page H continued

- **Complete at IFSP Meeting**
 - Purpose/Process
 - Target dates/completion
 - Persons/roles
 - Family review
 - Referral activities
 - Comments -LEA role captured
 - Bottom of page: Document name, CBIS #, page#

Summary Page I

- Complete at the IFSP meeting.
- Addition of new services are decided *after* outcomes.
- Include services families are receiving even if they are outside of First Steps
 - Pediatricians
 - Medical specialists
 - Therapy outside of First Steps
- For services outside of First Steps, ask family to estimate frequency, intensity, and duration
- For services paid for by First Steps, indicate projected begin and end dates, and total units.

Team Approval Page J

- Complete at the IFSP meeting.
- All members of the team should be listed under “other team members’ approval”
- Those present but not on the team (e.g., students, interns) should be included in the blocks labeled “others present.”

Assistive Technology Appendix

- Complete at the IFSP meeting.
- Complete questions with the team
- Review at each IFSP review using the bottom review blocks.

Worksheet to Embed Appendix

- Complete after the IFSP meeting
- Can be used on visits with caregivers to help implement the IFSP in daily routines
- Use the blocks on the matrix to suggest strategies that caregivers can use during each routine to support the outcome.

References

- This slide will have the list of references on it for participants

Evaluation

- Questions?
- Please complete the evaluation form before you leave.